FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V13927 (1)

1. Corporation Name

FLORIDA BROTHERS TRUCKING CORPORATION

Principal Place of Business

~~P.O. BOX 616868~~
~~ORLANDO FL 32861-6868~~

Mailing Address

~~P.O. BOX 616868~~
~~ORLANDO FL 32861-6868~~

3. Date Incorporated or Qualified: 02/13/1992

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0311754 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 8340 American Way
Suite, Apt. #, etc.
22
City & State
23 Groveland, Fl.
Zip 24 34736 Country 25 USA

2a. Mailing Address
26 P.O. Box 625
Suite, Apt. #, etc.
27
City & State
28 Groveland, Fl.
Zip 29 34736 Country 30 USA

9. **Name and Address of Current Registered Agent**

~~FULMER, BARBARA B~~
~~5305 L.B. MCLEOD~~
~~ORLANDO FL 32811~~

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE

12. OFFICERS AND DIRECTORS

Field	Officer/Director	Delete
TITLE	P	☐ DELETE
NAME	FULMER, BARBARA B.	
STREET ADDRESS	~~5305 L.B. MCLEOD ROAD~~	
CITY-ST-ZIP	~~ORLANDO FL 32811~~	
TITLE	T	☐ DELETE
NAME	TURNER, CYNTHIA F	
STREET ADDRESS	~~5305 L.B. MCLEOD ROAD~~	
CITY-ST-ZIP	~~ORLANDO FL 32811~~	
TITLE	S	☐ DELETE
NAME	FULMER, PHILIP	
STREET ADDRESS	~~5305 L.B. MCLEOD ROAD~~	
CITY-ST-ZIP	~~ORLANDO FL 32811~~	
TITLE	VP	☐ DELETE
NAME	FULMER, CARROLL A.	
STREET ADDRESS	~~5305 L.B. MCLEOD ROAD~~	
CITY-ST-ZIP	~~ORLANDO FL 32811~~	
TITLE	VP	☐ DELETE
NAME	FULMER, TIMOTHY A.	
STREET ADDRESS	~~5305 L.B. MCLEOD ROAD~~	
CITY-ST-ZIP	~~ORLANDO FL 32811~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change / Addition
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	8971 Charleston Park	
1.4 CITY-ST-ZIP	Orlando, Fl. 32819	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	137 Hartington Dr.	
2.4 CITY-ST-ZIP	Madison, Al. 35758	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	8000 Cherry Lake Rd.	
3.4 CITY-ST-ZIP	Groveland, Fl. 34736	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	14726 GORD NECK DR.	
4.4 CITY-ST-ZIP	MONTEVERDE, Fl. 34756	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	9239 WOODBREEZE BLVD.	
5.4 CITY-ST-ZIP	WINDERMERE, Fl. 32819	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #